

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038736

STATE FILE NUMBER

38736

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 343

OCT 28 1963

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kirksville</b>		c. CITY OR TOWN <b>Kirksville</b>	
Length of stay in 1b <b>3 weeks</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Kirksville Osteopathic</b>		d. STREET ADDRESS (If outside, give location) <b>RFD # 2</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>Hannah Allen</b>		4. DATE OF DEATH Month <b>October</b> Day <b>19</b> Year <b>1963</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-6-1872</b>
9. AGE (last birthday) <b>91</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
11. BIRTHPLACE (City and state or country) <b>Adair County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Jefferson Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Chandler</b>	
14. NAME OF HUSBAND OR WIFE <b>John J. Allen</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>[redacted]</b>		17. INFORMANT <b>John Allen</b> Address <b>Kirksville, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Medullary Failure</b> DUE TO (b) <b>Arterio-sclerotic heart disease</b> DUE TO (c) <b>[redacted]</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 yrs.</b>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Fall in home - fracture of hip + arm.</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Fracture left femur + left humerus</b>
20c. TIME OF INJURY Hour <b>9</b> a.m. Month, Day, Year <b>28-63</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	20f. CITY, TOWN, OR LOCATION <b>Kirksville</b>	COUNTY <b>Adair</b> STATE <b>Missouri</b>
21. I attended the deceased from <b>Sept. 10, 1961</b> to <b>Oct. 19, 1963</b> and last saw her alive on <b>Oct. 19, 1963</b> . Death occurred at <b>10:05</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <b>Howard E. Gross</b> (Degree or title)	22b. ADDRESS <b>Kirksville Mo.</b>	22c. DATE SIGNED <b>10-21-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-21-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Owmbey</b>
23d. LOCATION (City, town, or county) <b>Kirksville, Mo.</b>		24. FUNERAL DIRECTOR <b>Dee Riley Funeral Home, Inc.</b> <b>415 North Franklin</b> <b>Kirksville, Missouri</b>

25. DATE RECD. BY LOCAL REG. <b>Oct. 21, 1963</b>	26. REGISTRAR'S SIGNATURE <b>Douglas W. Ratliff</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Permit issued Oct 21, 1963

HOWARD E. CROSS, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Larry Jackson

Licensed Embalmer No. 5758

P. O. Address Kirkville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.